FORM PTO-1083

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

In re application of:

Mark SANDERS

Serial No.:

10/009,956 April 12, 2002

Filed: For:

MEDICAMENTS FOR TREATING RESPIRATORY DISORDERS COMPRISING

FORMOTEROL AND FLUTICASONE

Sir:

[]

[]

Transmitted herewith is an Amendment in the above-identified application.

Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.

Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.

[X] No fee for additional claims is required.

A filing fee for additional claims calculated as shown below, is required:

| FOR: | (Col. 1) | (Col. 2) HIGHEST | | | ALL E | FEE | OR | LARGE ENTITY RATE FEE |
|----------------|--------------|---------------------|-------------|--------------|-------|-----|----|-------------------------|
| | AFTER | PREVIOUSLY | PRESENT | | | | _ | |
| | AMENDMENT | PAID FOR | EXTRA | _ | | • | | |
| TOTAL CLAIMS | * Minus | ** = | 0 | x | \$ 9 | \$ | | x \$ 18 \$ |
| INDEP. CLAIMS | * Minus | *** = | 0 | \mathbf{x} | \$ 42 | \$ | | x \$ 84 \$ |
| [] FIRST PRES | SENTATION OF | MULTIPLE I | DEP. CLAIM | + | \$140 | \$ | | + \$280 \$ |
| | | - | | | | | | |

TOTAL:

OR T

TOTAL: \$

Docket No.: 301.1003

Date: June 23, 2004

If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- [X] Also transmitted herewith are:
 - [X] Petition for extension under 37 C.F.R. 1.136
 - [X] Other: Supplemental Information Disclosure Statement; Exhibit A; and PTO-Form 1449 with cited references
- [X] Check(s) in the amount of \$420.00 and \$180.00 is/are attached to cover:

[] Filing fee for additional claims under 37 C.F.R. 1.16

[X] Petition fee for extension under 37 C.F.R. 1.136

[X] Other: Information Disclosure Statement Fee

- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
 - [X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 - [X] Any patent application processing fees under 37 C.F.R. 1.17.

[X] Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Robert J. Paradiso, Reg. No. 41,240 DAVIDSON, DAVIDSON & KAPPEL, LLC 485 Seventh Avenue, 14th Floor

485 Seventh Avenue, 14th Floor New York, New York 10018

Tel: (212) 736-1940 Fax: (212) 736-2427

I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on

__June 23, 2004 DAVIDSON, DAVIDSOM& KAPPEL, LLC

BY:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Mark SANDERS

Serial No.:

10/009,956

Filed:

April 12, 2002

For:

MEDICAMENTS FOR TREATING

RESPIRATORY DISORDERS COMPRISING

FORMOTEROL AND FLUTICASONE

Examiner:

Gollamudi, Sharmila S.

Art Unit:

1616

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 June 23, 2004

Sir:

In response to the Office Action mailed January 23, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.